

REPORTS INVENTORY

CONTROL NO.

RAB 8

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Forms Management

OP T Report

2. TYPE
OF
REPORT

STATISTICAL

NARRATIVE

☒ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

☒ ADMIN. GENERAL

LOGISTICS

SECURITY

OTHER (specify)

MEDICAL

FINANCE

4. NO. OF COPIES PREPARED

4

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Quarterly

6. DISTRIBUTION (No. of components not
number of copies)

58

7. FORMAT (memorandum, form
computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

☒ YES

IF YES GIVE ADP PROCESSING NO.

☐ NO

2006

Print Out

10. PREPARING COMPONENT (include lowest level
contributing information to report)

RAB

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

F 2969

Monthly Activities

STAT

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
Further Distribution of RAB-7							Costs charged against Rep. #6 basic input

B. COSTS OF COMPUTER PRODUCED REPORTS

			Charged to RAB-7 & RAB-6		By-Product of RAB-7
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TOTAL COSTS PER YEAR

No added cost.

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Report begun in 1953

14. FUTURE GOALS

15. AL PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS☐ OTHER (explain)☐ CHANGE☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

STAT

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